

**WEST VIRGINIA TBI WAIVER
Mortality Notification**

(This form is used to report the death of a person on the TBI Waiver program)

TO: APS Healthcare-WV
TBI Waiver Program
100 Capitol Street, Suite 600
Charleston, WV 25301
Fax: 866.521.6882

FROM: _____

INFORMATION ABOUT THE DECEASED			
Name		APS ID#	
		SS#	
Medicaid #		Date of Birth	
Date of Death		Time of Death	
Address			
Location of Death			
Cause of Death			
DIAGNOSIS AND MEDICAL CONDITION			
Axis I			
Axis II			
Axis III			
MEDICATIONS: (Use additional pages if necessary) List all current medications prescribed and non-prescribed.			
Medication	Dosage/Frequency	Purpose of Medication	